

Department of Regulation & Licensing

State of Wisconsin
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TRS# 1-800-947-3529, impaired only

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PHARMACY EXAMINING BOARD

CHANGE IN MANAGING PHARMACIST

Information requested is required for processing.

Phar 6.03 Changes in managing pharmacist. *The pharmacy owner shall report to the board any change of managing pharmacist within 5 days following change.*

Complete the following and return to the Pharmacy Examining Board at the address listed below.

PHARMACY

NAME:

LICENSE NUMBER:

NEW MANAGING PHARMACIST

NAME (please print):

Signature

Date

LICENSE NUMBER:

STARTING DATE:

PREVIOUS MANAGING PHARMACIST

NAME:

LICENSE NUMBER:

STARTING DATE:

ENDING DATE:

Return completed form to:

Department of Regulation and Licensing
Bureau of Health Professions
PO Box 8935
Madison WI 53708-8935